

	UMP Classic		UMP CDHP		What you should know
Cost-Sharing	Individual	Family	Individual	Family	
Annual Deductible	\$250 (medical) \$100 (prescription drug)	\$750 maximum for medical (\$250 per person) \$300 maximum for prescription drugs (\$100 per person)	\$1,400 (medical and prescription drug costs combined)	\$2,800 (medical and prescription drug costs combined)	Unless stated otherwise, all benefits are subject to the deductible. Some expenses (including the inpatient and emergency room copays on UMP Classic) do not count toward the deductible.
Annual Out-of-Pocket Limit	\$2,000	\$4,000	\$4,200 (includes deductible)	\$8,400 (includes deductible)	UMP Classic only: Payments for out-of-network services and prescription drug costs do not count toward the out-of-pocket limit.

Services ¹	What you pay preferred providers ²	What you pay preferred providers ²	What you should know
Acupuncture	15%	15%	Limited to 16 visits per calendar year.
Ambulance	20	20%	
Chemical Dependency Treatment	Inpatient copay ³ Outpatient/Professional: 15%	15%	Outpatient: Services are subject to review after 20 visits (all outpatient chemical dependency treatment, not limited to one provider).
Chiropractic Treatment	15%	15%	Limited to 10 spinal and extremity manipulation visits per calendar year.
Diagnostic Tests, Laboratory and X-Rays	15%	15%	
Durable Medical Equipment, Supplies and Prostheses	15%	15%	Foot orthotics are not covered.
Emergency Room	15% after \$75 copay	15%	Professional charges are usually billed separately. UMP Classic copay waived if admitted directly to a hospital or facility on an inpatient basis.
Home Health Care	15%	15%	
Hospice Care	0%	0%	Respite care covered at 100% up to \$5,000 per lifetime.
Hospital Services	Inpatient copay ³ Outpatient/Professional: 15%	15%	
Massage Therapy	15%	15%	Out-of-network massage therapists are not covered. Limited to 16 visits per calendar year.
Mental Health Treatment	Inpatient copay ³ Outpatient/Professional: 15%	15%	Outpatient: Services are subject to review after 20 visits (all outpatient mental health, not limited to one provider).
Naturopathic Physician Services	15%	15%	
Obstetric and Newborn Care	Inpatient copay ³ Outpatient/Professional: 15%	15%	
Office Visits	15%	15%	
Prescription Drugs	Value Tier: 5% Tier 1: 10% Tier 2: 30% Tier 3: 50%	15%	For UMP Classic only, you don't pay the prescription drug deductible for Value Tier or Tier 1 drugs. For both plans, brand-name drugs with a generic equivalent have an ancillary charge, which does not count toward the deductible or out-of-pocket limits.
Preventive Care and Immunizations ⁴	0%	0%	Preventive care and immunizations are not subject to the deductible. Certain family planning services have been added to the preventive care benefit. See the 2013 <i>UMP Certificate of Coverage</i> for details.
Skilled Nursing Facility	Inpatient copay ³ Professional: 15%	15%	Limited to 150 days per calendar year.
Surgery	15%	15%	
Therapy: Physical, Neurodevelopmental, Occupational and Speech	Inpatient copay ³ Outpatient/Professional: 15%	15%	Inpatient: 60 days maximum per calendar year. Outpatient: 60 visits maximum per calendar year.
Tobacco Cessation	0%	0%	Not subject to the deductible. Quit for Life Program only.
Vision Care Exam (Routine)	0%	0%	Not subject to the deductible, one visit per calendar year.
Vision Hardware	Plan pays up to \$150 every 2 calendar years	Plan pays up to \$150 every 2 calendar years	Not subject to the deductible.

¹Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers.

²For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

³Inpatient copay: \$200 per day up to \$600 per person per year for facility charges. Professional services may be billed separately.

⁴Certain family planning services for women have been added to the preventive care benefit in 2013.